"Combination therapy of cyclosporine and vedolizumab is effective and safe for severe, steroid-resistant Ulcerative Colitis patients: A prospective study"

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Disclosure of Conflicts of Interest:

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Lecture fees from









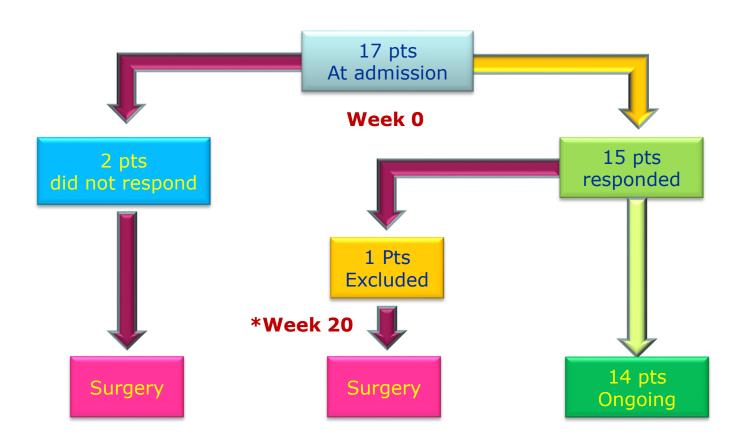
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- □ Severe, hospitalized, steroid resistant UC patients, are still therapeutic challenge
- □ Infliximab needed in higher dose (10mg/kg) cost !!!
- □ Repeated infusions needed due to "leaky gut" cost !!!
- □ Primary and secondary nonresponders
- Infections
- ☐ Cyclosporin as bridge to azathioprine (AZA)
- □ AZA + mesalazine uncertain to maintain remission
- ☐ Infections due to prolonged treatment with immunosupressants

ECCO

- Tarabar Rubin protocol
- Steroid-resistant patients were given:
- Cyclosporin IV 2-4 mg/kg through 7 days,
- If responded (Lichtiger <10, CRP ↓) after 7 days = week 0
 Cyclosporin po 4-8 mg/kg up to 8 weeks
 Vedolizumab 300 mg on week 0, 2, 6, later every 8 weeks
 during for one year
- Week 10 colonoscopy
- Week 26 sigmoidoscopy
- Week 52 colonoscopy + biopsy, trough level,
- Every visit includes blood tests, calprotectin, Lichtiger score

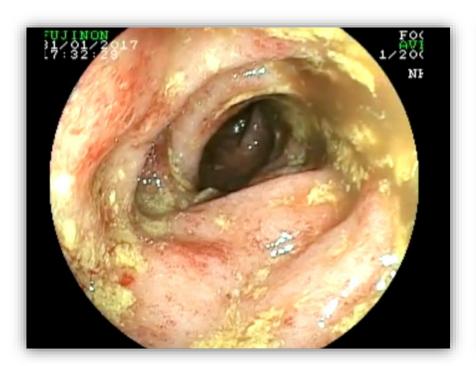
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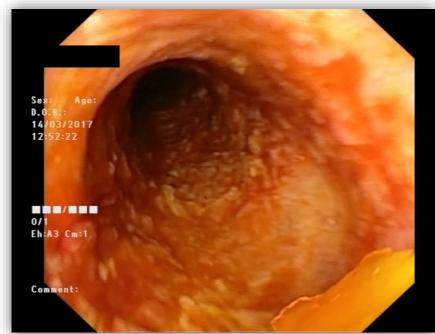




	At admission	Week 10	Week 14
SE	51.2		23.3
CRP	21.8		3.6
Calprotectin	1949		342.3
Lichtiger score	12.1		2.5
Mayo score	3	11/15 Mayo ≤1	









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CONCLUSIONS

- The first prospective study of cyclosporine and vedolizumab in steroid-refractory severe UC patients
- Results demonstrate significant effectiveness and safety of this treatment
- Less exposure to cyclosporine and no AZA less immunosuppressants = less/no infections